

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of Illinois

Case number (if known):

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
OCT 07 2016

JEFFREY P. ALLSTEADT, CLERK
☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Elvia

First name

Lizett

Middle name

Herrera

Last name

Suffix (Sr., Jr., II, III)

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Elvia

First name

Middle name

Herrera

Last name

Elvia

First name

L.

Middle name

Herrera

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 7 4 5 1

OR

9 xx - xx -

xxx - xx -

OR

9 xx - xx -

Debtor 1

Elvia Lizett Herrera

First Name Middle Name Last Name

Case number (if known)

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case):

☐ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live

4223 S. Rockwell

Number Street

Chicago

City

IL

State

60632

ZIP Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

If Debtor 2 lives at a different address:

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1

Elvia Lizett Herrera

First Name Middle Name Last Name

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

8. How you will pay the fee

☐ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☒ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No

☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

☐ No. Go to line 12.

☒ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

☒ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Elvia Lizett Herrera

First Name

Middle Name

Last Name

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.

☐ Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))

☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1

Elvia Lizett Herrera

First Name Middle Name Last Name

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Elvia Lizett Herrera

First Name Middle Name Last Name

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☐ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☐ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☒ No
☐ Yes

18. How many creditors do you estimate that you owe?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input checked="" type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x 

Signature of Debtor 1

Executed on 10/06/2016

MM / DD / YYYY

x

Signature of Debtor 2

Executed on

MM / DD / YYYY

Debtor 1

Elvia Lizett Herrera

First Name Middle Name Last Name

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

Signature of Attorney for Debtor

Date

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone

Email address

Bar number

State

Debtor 1

Elvia Lizett Herrera

First Name Middle Name Last Name

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

- ☐ No
☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

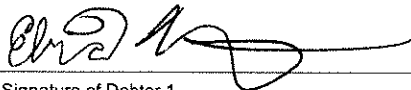
- ☐ No
☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

- ☒ No
☐ Yes. Name of Person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x 

Signature of Debtor 1

Date 10/06/2016
MM / DD / YYYY

Contact phone (773) 512-1681

Cell phone (773) 512-1681

Email address _____

x

Signature of Debtor 2

Date _____
MM / DD / YYYY

Contact phone _____

Cell phone _____

Email address _____

Copy your monthly expenses from line 22c of Schedule J \$ 4,462.67

Debtor 1

Elvia Lizett Herrera

First Name

Middle Name

Last Name

Case number (if known)

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 4943.35

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

- | | |
|--|-----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ 0.00 |

Fill in this information to identify your case and this filing:

Debtor 1 Elvia Lizett Herrera
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1. Wyndham Glacier Canyon
Street address, if available, or other description

45 Hillman Road

Baraboo WI 53913
City State ZIP Code

Sauk
County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☒ Timeshare
- ☐ Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ 2,000.00

Current value of the portion you own? \$ 1,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: Wyndham Vacation Timeshare

If you own or have more than one, list here:

1.2. 410 South Ocean Boulevard
Street address, if available, or other description

Wyndham Myrtle Beach Resorts

North Myrtle Beach SC 29582
City State ZIP Code

Horry
County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☒ Timeshare
- ☐ Other 80.00

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ 1,500.00

Current value of the portion you own? \$ 750.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: wyndham Vacation Timeshare

Debtor 1 Elvia Lizett Herrera Document Page 12 of 77 Case number (if known)

1.3. Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$

Current value of the portion you own? \$

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.

\$ 1750.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

3.1. Make: Dodge

Model: Avenger

Year: 2012

Approximate mileage:

Other information:

Value Per KBB, PPV
50% Interest with Mother

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$

Current value of the portion you own? \$

\$ 7,081.00 \$ 3,540.50

☐ Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make:

Model:

Year:

Approximate mileage:

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$

Current value of the portion you own? \$

\$ \$

☐ Check if this is community property (see instructions)

Debtor 1

Elvia Lizett Herrera

First Name Middle Name Last Name

Case number (if known)

3.3. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

☐ **Check if this is community property** (see instructions)

\$ _____ \$ _____

3.4. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

☐ **Check if this is community property** (see instructions)

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No

☐ Yes

4.1. Make: _____
Model: _____
Year: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

☐ **Check if this is community property** (see instructions)

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____
Model: _____
Year: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

☐ **Check if this is community property** (see instructions)

\$ _____ \$ _____

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here _____

\$ **3540.50**

Debtor 1

Elvia Lizett Herrera

Document

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First Name

Middle Name

Last Name

Case number (if known)

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the
portion you own?Do not deduct secured claims
or exemptions.**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No☒ Yes. Describe..... Used Household Goods, Furnishings, and Appliances

\$ 1,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe..... Electronics

\$ 200.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No☐ Yes. Describe.....

\$

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe.....

\$

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No☐ Yes. Describe.....

\$

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe..... Used Clothing

\$ 100.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☒ Yes. Describe..... Jewelry

\$ 100.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No☒ Yes. Describe..... Dog

\$ 50.00

14. Any other personal and household items you did not already list, including any health aids you did not list☒ No☐ Yes. Give specific
information.

\$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$ 1,450.00

Debtor 1

Elvia Lizett Herrera

First Name

Middle Name

Last Name

Case number (if known)

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No

☐ Yes Cash: \$

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes

Institution name:

17.1. Checking account:	<u>Bank of America</u>	\$ <u>0.00</u>
17.2. Checking account:	<u>Chase Bank Account No. ending with 2562</u>	\$ <u>80.00</u>
17.3. Savings account:	<u>Bank of America</u>	\$ <u>15.00</u>
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes

Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

_____	<u>0%</u> %	\$ _____
_____	<u>0%</u> %	\$ _____
_____	<u>0%</u> %	\$ _____

Debtor 1

Elvia Lizett Herrera

Document

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First Name

Middle Name

Last Name

Case number (if known)

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them.....

Issuer name:

\$

\$

\$

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☒ No☐ Yes. List each

account separately. Type of account: Institution name:

401(k) or similar plan:

\$

Pension plan:

\$

IRA:

\$

Retirement account:

\$

Keogh:

\$

Additional account:

\$

Additional account:

\$

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes

Institution name or individual:

Electric:

\$

Gas:

\$

Heating oil:

\$

Security deposit on rental unit:

\$

Prepaid rent:

\$

Telephone:

\$

Water:

\$

Rented furniture:

\$

Other:

\$

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes

Issuer name and description:

\$

\$

\$

Debtor 1 Elvia Lizett Herrera

Document

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First Name

Middle Name

Last Name

Case number (if known)

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\$ _____

\$ _____

\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific

information about them....

\$ _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No☐ Yes. Give specific

information about them....

\$ _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No☐ Yes. Give specific

information about them....

\$ _____

Money or property owed to you?

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

28. Tax refunds owed to you☒ No
☐ Yes. Give specific information
about them, including whether
you already filed the returns
and the tax years.

Federal: \$ _____

State: \$ _____

Local: \$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No☐ Yes. Give specific information.....

Alimony: \$ _____

Maintenance: \$ _____

Support: \$ _____

Divorce settlement: \$ _____

Property settlement: \$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No☐ Yes. Give specific information.....

\$ _____

Debtor 1

Elvia Lizett Herrera

Document

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First Name

Middle Name

Last Name

Case number (if known)

31. Interests in insurance policies*Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance*☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$

\$

\$

32. Any interest in property that is due you from someone who has died*If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.*☒ No☐ Yes. Give specific information.

\$

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples: Accidents, employment disputes, insurance claims, or rights to sue*☒ No☐ Yes. Describe each claim.

\$

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims☒ No☐ Yes. Describe each claim.

\$

35. Any financial assets you did not already list☒ No☐ Yes. Give specific information.

\$

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$

95.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned☐ No☐ Yes. Describe.

\$

39. Office equipment, furnishings, and supplies*Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*☐ No☐ Yes. Describe.

\$

Debtor 1 Elvia Lizett Herrera
First Name Middle Name Last Name

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Case number (if known)

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade☐ No☐ Yes. Describe

\$

41. Inventory☐ No☐ Yes. Describe

\$

42. Interests in partnerships or joint ventures☐ No☐ Yes. Describe Name of entity:

% of ownership:

%

\$

%

\$

%

\$

43. Customer lists, mailing lists, or other compilations☐ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe

\$

44. Any business-related property you did not already list☐ No☐ Yes. Give specific information

\$

\$

\$

\$

\$

\$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

\$

0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☐ No☐ Yes

\$

Debtor 1

Elvia Lizett Herrera

First Name

Middle Name

Last Name

Case number (if known)

48. Crops—either growing or harvested

- ☐ No
☐ Yes. Give specific information.

\$

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☐ No
☐ Yes

\$

50. Farm and fishing supplies, chemicals, and feed

- ☐ No
☐ Yes

\$

51. Any farm- and commercial fishing-related property you did not already list

- ☐ No
☐ Yes. Give specific information.

\$

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

\$ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.

\$
 \$
 \$

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$ 0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$ 1,750.00

56. Part 2: Total vehicles, line 5 \$ 3,540.50

57. Part 3: Total personal and household items, line 15 \$ 1,450.00

58. Part 4: Total financial assets, line 36 \$ 95.00

59. Part 5: Total business-related property, line 45 \$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0.00

61. Part 7: Total other property not listed, line 54 + \$ 0.00

62. Total personal property. Add lines 56 through 61. \$ 6,835.50 Copy personal property total → + \$ 6,835.50

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$ 6,835.50

Fill in this information to identify your case:

Debtor 1	<u>Elvia Lizett Herrera</u>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Illinois			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: <u>2012 Dodge Avenger</u> Line from <i>Schedule A/B</i> : <u>3.1</u>	\$ <u>3,540.50</u>	<input checked="" type="checkbox"/> \$ <u>2,400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>Used Clothing</u> Line from <i>Schedule A/B</i> : <u>11.1</u>	\$ <u>100.00</u>	<input checked="" type="checkbox"/> \$ <u>100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>Chase Checking</u> Line from <i>Schedule A/B</i> : <u>17.2</u>	\$ <u>80.00</u>	<input checked="" type="checkbox"/> \$ <u>80.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor 1

Elvia Lizett Herrera

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: <u>Bank of America Savi</u>	\$ <u>15.00</u>	<input checked="" type="checkbox"/> \$ <u>15.00</u>	
Line from Schedule A/B: <u>17.3</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1 Elvia Lizett Herrera
 First Name Middle Name Last Name
 Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name
 United States Bankruptcy Court for the: Northern District of Illinois
 Case number
 (if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
\$ 0.00	\$ 2,000.00	\$ 0.00

2.1 The Inn At Glacier Canyon
 Creditor's Name
 PO Box 574, Lake Delton
 Number Street
 Vacation Owners Association
 Lake Delton WI 53940
 City State ZIP Code

Describe the property that secures the claim:
 Wyndham Glacier Canyon Timeshare
 195,000 Points Per Year; 50% Interest

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) Assessment

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

2.2 Wyndham Vacation
 Creditor's Name
 10750 W. Charleston Blvd
 Number Street
 Las Vegas NV 89135
 City State ZIP Code

Describe the property that secures the claim: \$ 11000.00 \$ 1,500.00 \$ 9,500.00

Wyndham Myrtle Beach Resorts
 105,000 Points per Year

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 04/06/2012

Last 4 digits of account number 5 1 8 9

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 11000.00

Debtor 1

Elvia Lizett Herrera

First Name Middle Name Last Name

Case number (if known)

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.3 Wyndham Vacation

Creditor's Name

10750 W. Charleston Blvd

Number Street

Las Vegas

NV 89135

City State ZIP Code

Describe the property that secures the claim:

\$ 13,000.00

\$ 2,000.00

\$ 11,000.00

Wyndhma Glacier Canyon
195,000 Points Per Year

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) Mortgage

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred 12/12/2009

Last 4 digits of account number 8 1 3 2

Wyndham Vacation Resorts

Creditor's Name

PO Box 98940

Number Street

Las Vegas

NV 89193

City State ZIP Code

Describe the property that secures the claim:

\$ 0.00

\$ 1,500.00

\$ 0.00

Wyndham Myrtle Beach Resorts

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) Assessment

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number



Creditor's Name

Number Street

City State ZIP Code

Describe the property that secures the claim:

\$ \$ \$

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 13,000.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$ 24,000.00

Debtor 1

Elvia Lizett Herrera

First Name Middle Name Last Name

Case number (if known)

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Wyndham Financial; Baymont Franchise Systems, Inc

Name

14227 Collections Center Drive

Number Street

Chicago

IL

60693

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? 2.4

Last 4 digits of account number _____

☐

Wyndham Mortgage

Name

PO Box 340090

Number Street

Boston

MA

02241

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? 2.4

Last 4 digits of account number _____

☐

Wyndham Vacation Ownership, Inc.

Name

6277 Sea Harbor Drive

Number Street

Orlando

FL

ZIP Code

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? 2.3

Last 4 digits of account number _____

☐

Name

Number Street

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐

Name

Number Street

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐

Name

Number Street

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

City

State

ZIP Code

Fill in this information to identify your case:

Debtor 1 **Elvia Lizett Herrera**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number
 (if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

<p>4.1</p> <p>Bank of America</p> <p>Priority Creditor's Name</p> <p>P.O. Box 982236</p> <p>El Paso, TX 79998</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8255</p> <p>When was the debt incurred? Opened 9/01/12 Last Active 6/18/14</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	<p>\$ 1,391.00</p>
---	--	---------------------------

<p>4.2</p> <p>Barclays Bank Delaware</p> <p>Priority Creditor's Name</p> <p>Attn: Bankruptcy</p> <p>P.O. Box 8801</p> <p>Wilmington, DE 19899</p> <p>Number Street City State Zip Code</p>	<p>Last 4 digits of account number 8253</p> <p>When was the debt incurred? Opened 8/01/13 Last Active 6/17/14</p> <p>As of the date you file, the claim is: Check all that apply</p>	<p>\$ 5,182.22</p>
--	--	---------------------------

Debtor 1 **Elvia Lizett Herrera**

Case number (if know) _____

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____

Credit Card

4.3

Blatt, Hasenmiller, Leibsker and Moore,

Priority Creditor's Name

**10 South LaSalle Street
Suite 2200**

Chicago, IL 60603

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$ **0.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____

Notice Only

Case No.: 2015 M1 127442

4.4

Chase Card Services

Priority Creditor's Name

Attn: Bankruptcy

Po Box 15298

Wilmington, DE 19850

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7570**

\$ **3,422.00**

When was the debt incurred? _____

**Opened 9/01/08 Last
Active 8/04/14**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____

Credit Card

4.5

Citi

Priority Creditor's Name

Last 4 digits of account number **3916**

\$ **7,012.00**

Debtor 1 **Elvia Lizett Herrera**

Case number (if know)

**CitiCorp Credit
Services/Attn:Centralize
Po Box 790040
saint Louis, MO 63179**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

**Opened 5/01/13 Last
Active 6/02/14**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans

- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Credit Card

4.6

Cmre Financial Services Inc

Priority Creditor's Name
**3075 E Imperial Hwy Ste 200
Brea, CA 92821**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8890**

\$ **352.00**

When was the debt incurred?

Opened 10/01/14

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans

- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Collection Attorney Macneal Hospital

4.7

Comenity Bank

Priority Creditor's Name
**PO Box 182789
Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$ **794.54**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans

- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Gordmans Charge Account

Debtor 1 **Elvia Lizett Herrera**

Case number (if know)

4.8

Comenity Bank/Value City Furniture

Priority Creditor's Name

**Po Box 182125
Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6518**

\$ **519.00**

When was the debt incurred?

**Opened 11/07/10 Last
Active 6/02/14**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Charge Account

4.9

Equifax Information Services, LLC

Priority Creditor's Name

**1550 Peachtree Street NW
Atlanta, GA 30309**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$ **0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Notice Only

4.1
0

Experian Information Solutions, Inc.

Priority Creditor's Name

**475 Anton Boulevard
Costa Mesa, CA 92626**

Number Street City State Zip Code

Last 4 digits of account number

\$ **0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Debtor 1 **Elvia Lizett Herrera**

Case number (if know)

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Notice Only

4.1
1

First Sources Advantage, LLC

Priority Creditor's Name

**205 Bryant Woods South
Amherst, NY 14228**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1447**

\$ **910.02**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Collection for Capital One Bank

4.1
2

FMA Alliance Ltd

Priority Creditor's Name

**12339 Cutton Road
Houston, TX 77066**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$ **1,391.57**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Collection for Bank of America

4.1
3

Gordmans

Priority Creditor's Name

Last 4 digits of account number **8904**

\$ **899.00**

Debtor 1 **Elvia Lizett Herrera**

Case number (if know) _____

**Citicorp Cr
Services/Attn:Centralized Ba
Po Box 20507
Kansas City, MO 64195**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

**Opened 8/01/11 Last
Active 6/04/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Student loans

Type of NONPRIORITY unsecured claim:

- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____

Charge Account

4.1
4

Loyola University Medical Center

Priority Creditor's Name
**2160 South First Avenue
Maywood, IL 60153**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$ **1.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Student loans

Type of NONPRIORITY unsecured claim:

- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____

Medical

4.1
5

MacNeal Health Network

Priority Creditor's Name
**2384 Paysphere Circle
Chicago, IL 60674**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$ **376.66**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Student loans

Type of NONPRIORITY unsecured claim:

- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____

Medical

Debtor 1 **Elvia Lizett Herrera**

Case number (if know)

<div>4.1 6</div> <p>Macys Priority Creditor's Name Macys Bankruptcy Department Po Box 8053 Mason, OH 45040 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1290 \$ 30.00</p> <p>When was the debt incurred? Opened 2/01/14 Last Active 7/11/14</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>
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<div>4.1 7</div> <p>Metropolitan Advanced Radiological Priority Creditor's Name Services Ltd 1362 Paysphere Circle Chicago, IL 60674 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$ 46.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p>
--	--

<div>4.1 8</div> <p>Midland Credit Management, Inc. Priority Creditor's Name 8875 Aero Drive Suite 200 San Diego, CA 92123 Number Street City State Zip Code</p>	<p>Last 4 digits of account number \$ 410.46</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p>
---	---

Debtor 1 **Elvia Lizett Herrera**

Case number (if know)

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Collection for Walmart

4.1
9

Midland Funding

Priority Creditor's Name

2365 Northside Dri

San Diego, CA 92108

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9467**

\$ **410.00**

When was the debt incurred? **Opened 3/01/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Factoring Company Account Synchrony Bank

4.2
0

MRS Associates of New Jersey

Priority Creditor's Name

1930 Olney Avenue

Cherry Hill, NJ 08003

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$ **3,422.82**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Collection for Chase Bank USA, NA

4.2
1

Nationwide Credit, Inc.

Priority Creditor's Name

PO Box 26314

Lehigh Valley, PA 18002

Last 4 digits of account number

\$ **429.39**

When was the debt incurred?

Debtor 1 **Elvia Lizett Herrera**

Case number (if know)

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Contingent

☒ Debtor 1 only

☐ Unliquidated

☐ Debtor 2 only

☐ Disputed

☐ Debtor 1 and Debtor 2 only

Type of NONPRIORITY unsecured claim:

☐ At least one of the debtors and another

☐ Student loans

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify

Collection for Synchrony Bank

4.2
2

Professional Recovery Services

Last 4 digits of account number

\$ **1.00**

Priority Creditor's Name

PO Box 1880

Voorhees, NJ 08043

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☐ Contingent

☒ Debtor 1 only

☐ Unliquidated

☐ Debtor 2 only

☐ Disputed

☐ Debtor 1 and Debtor 2 only

Type of NONPRIORITY unsecured claim:

☐ At least one of the debtors and another

☐ Student loans

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify

Collection

4.2
3

Saint Anthony Hospital

Last 4 digits of account number

\$ **338.55**

Priority Creditor's Name

2875 W. 19th Street

Chicago, IL 60623

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☐ Contingent

☒ Debtor 1 only

☐ Unliquidated

☐ Debtor 2 only

☐ Disputed

☐ Debtor 1 and Debtor 2 only

Type of NONPRIORITY unsecured claim:

☐ At least one of the debtors and another

☐ Student loans

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify

Medical

4.2
4

Stanislaus Credit Control

Last 4 digits of account number **41N1**

\$ **388.00**

Priority Creditor's Name

Debtor 1 **Elvia Lizett Herrera**

Case number (if know) _____

**Po Box 480
Modesto, CA 95353**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____

Collection for Cep America Illinois

4.2
5

**Stanislaus Credit Control
Service, Inc.**

Priority Creditor's Name

**914 14th Street
PO Box 480**

Modesto, CA 95354

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$ **388.43**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____

Medical Collection

4.2
6

Synchrony Bank/Amazon

Priority Creditor's Name

**Attn: Bankruptcy
Po Box 103104**

Roswell, GA 30076

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3304**

\$ **429.00**

When was the debt incurred? _____

**Opened 12/01/11 Last
Active 10/28/14**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____

Charge Account

Debtor 1 **Elvia Lizett Herrera**

Case number (if know)

<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">4.2 7</div> <p>Synchrony Bank/Walmart</p> <p>Priority Creditor's Name Attn: Bankruptcy Po Box 103104 Roswell, GA 30076</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6341</p> <p>When was the debt incurred? Opened 6/25/12 Last Active 8/07/14</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>	<p>\$ 1.00</p>
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<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">4.2 8</div> <p>Target Credit Card (TC)</p> <p>Priority Creditor's Name C/O Financial & Retail Services Mailstop BT P.O. Box 9475 Minneapolis, MN 55440</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6899</p> <p>When was the debt incurred? Opened 11/01/12 Last Active 1/01/14</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	<p>\$ 1.00</p>
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<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">4.2 9</div> <p>Trans Union LLC</p> <p>Priority Creditor's Name 1561 E. Orangethorpe Avenue Fullerton, CA 92831</p> <p>Number Street City State Zip Code</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p>	<p>\$ 0.00</p>
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Debtor 1 **Elvia Lizett Herrera**

Case number (if know)

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Notice Only

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name Address
ARS National Services Inc
PO Box 469046
Escondido, CA 92046

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.11 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
ARS National Services, Inc.
201 West Grand Avenue
Escondido, CA 92046

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.11 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
ARS National Services, Inc.
PO Box 463023
Escondido, CA 92046

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.11 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Bank of America
Attn: Correspondence Unit
Po Box 5170
Simi Valley, CA 93062

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.12 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Bank of America
PO Box 15290
Wilmington, DE 19850

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.12 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Bank Of America, N.A. *
401 N. Tryon Street
NC1-021-02-20
Charlotte, NC 28255

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.12 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Bank Of America, N.A. *
401 N. Tryon Street
NC1-021-02-20
Charlotte, NC 28255

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.1 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Elvia Lizett Herrera**

Case number (if know)

Name Address
Barclay Bank
P.O Box 13337
Philadelphia, PA 19101

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.2 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
BarClays Bank PLC
PO Box 8803
Wilmington, DE 19899

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.2 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Blatt Hasenmiller F L
125 S. Wacker Drive #400
Chicago, IL 60606

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.2 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Blatt Hasenmiller F L
125 S. Wacker Drive #400
Chicago, IL 60606

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.3 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Blatt, Hasenmiller, Leibsker and
Moore,
10 South LaSalle Street
Suite 2200
Chicago, IL 60603

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.2 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Capital One, N.A. *
c/o American Infosource
P.O Box 54529
Oklahoma City, OK 73154

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.11 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Capital One, N.A. *
Po Box 30285
Salt Lake City, UT 84130

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.11 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Capital One, N.A.*
1680 Capital One Drive
Mc Lean, VA 22102

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.11 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
CEP America
2100 Powell Street, Suite 920
Emeryville, CA 94608

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.25 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
CEP America
2100 Powell Street, Suite 920
Emeryville, CA 94608

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.24 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

On which entry in Part 1 or Part2 did you list the original creditor?

Debtor 1 **Elvia Lizett Herrera**

Case number (if know)

Chase *

ATTN: Bankruptcy Department
P.O. Box 15298
Wilmington, DE 19850

Line 4.20 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

Chase *

3415 Vision Drive
Mail Code OH4-7142
Columbus, OH 43219

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.20 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

Chase *

ATTN: Bankruptcy Department
P.O. Box 15298
Wilmington, DE 19850

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.4 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

Chase *

3415 Vision Drive
Mail Code OH4-7142
Columbus, OH 43219

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.4 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

Citicorp Credit Services *

ATTN: Internal Recovery;
Centralized Bk
P.O. Box 790034
Saint Louis, MO 63179-0034

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.5 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

CMRE Financial Services, Inc
3075 E. Imperial Highway, Suite 200
Brea, CA 92821

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.6 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

Comenity

Po Box 182273
Columbus, OH 43218

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.7 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

Comenity Bank
220 W. Schrock Road
Westerville, OH 43081

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.7 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

Commonwealth Financial Systems
245 Main Street
Dickson City, PA 18519

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.15 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

First Source Advantage
PO Box 628
Buffalo, NY 14240

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.11 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Elvia Lizett Herrera**

Case number (if know)

Name Address
FMA Alliance, Ltd.
PO Box 2409
Houston, TX 77252

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.12 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Gordmans
PO Box 182118
Columbus, OH 43218

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.7 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Gordmans
c/o Comenity
PO BOx 659705
San Antonio, TX 78265

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.7 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
JPMorgan Chase*
270 Park Avenue
New York, NY 10017

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.20 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Loyola University Medical Center
PO Box 4866
Oak Brook, IL 60522

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.14 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Loyola University Medical Center
Patient Financial Services
2160 South First Avenue
Maywood, IL 60153

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.14 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
MacNeal Health Network
2384 Paysphere Circle
Chicago, IL 60674

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.6 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Macneal Hospital
3249 S Oak Park Avenue
Berwyn, IL 60402

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.15 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Macneal Hospital
3249 S Oak Park Avenue
Berwyn, IL 60402

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.6 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
MacNeal Physicians Group LLC
2315 Enterprise Drive, Suite 110
Southwest Entrance
Westchester, IL 60154

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.15 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
MacNeal Physicians Group LLC

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.15 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Elvia Lizett Herrera**

Case number (if know)

**6642 Paysphere Circle
Chicago, IL 60674**

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

**MacNeal Physicians Group LLC
2315 Enterprise Drive, Suite 110
Southwest Entrance
Westchester, IL 60154**

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.6 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

**Macy's
Po Box 183083
Columbus, OH 43218**

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.16 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

**Macy's Inc.
9111 Duke Boulevard
Mason, OH 45040**

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.16 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

**Metropolitan Advanced Radiological
3249 Oak Park Avenue
Berwyn, IL 60402**

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.17 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

**Midland Funding
8875 Aero Drive, Suite 200
San Diego, CA 92123**

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.18 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

**MRS BPO, LLC
1930 Olney Avenue
Cherry Hill, NJ 08003**

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.20 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

**Nationwide Credit Corporation
5503 Cherokee Avenue
Alexandria, VA 22312**

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.21 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

**Professional Recovery Services
PO Box 1880
Voorhees, NJ 08043**

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.22 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

**Saint Anthony Hospital
PO Box 809109
Chicago, IL 60680**

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.23 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

**Stanislaus Credit Control Service,
Inc.
914 14th Street
Modesto, CA 95354**

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.24 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Elvia Lizett Herrera**

Case number (if know)

Name Address
Synchrony Bank
PO Box 530916
Atlanta, GA 30353

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.21 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Synchrony Bank
c/o Recovery Management Systems
Corp
25 SE 2nd Avenue, Suite 1120
Miami, FL 33131

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.21 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Synchrony Bank
PO Box 530916
Atlanta, GA 30353

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.26 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Synchrony Bank
PO Box 530916
Atlanta, GA 30353

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.27 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Synchrony Bank
c/o Recovery Management Systems
Corp
25 SE 2nd Avenue, Suite 1120
Miami, FL 33131

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.27 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Target
1000 Nicollet Mall
Minneapolis, MN 55403

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.28 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Target Credit Card (TC)
P.O. Box 9475
Minneapolis, MN 55440

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.28 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Target Red Card
PO Box 660170
Dallas, TX 75266

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.28 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Walmart
Asset Protection Recovery
PO Box 101928, Dept 4295
Birmingham, AL 35210

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.18 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Walmart
Asset Protection Recovery
PO Box 101928, Dept 4295
Birmingham, AL 35210

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.27 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Elvia Lizett Herrera**

Case number (if know)

Last 4 digits of account number

Name Address
Walmart Stores Inc
702 SW 8th Street
6487
Bentonville, AR 72716

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.27 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$	Total claim 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
Total claims from Part 2	6f. Student loans	6f.	\$	Total Claim 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	28,546.66
	6j. Total. Add lines 6f through 6i.	6j.	\$	28,546.66

Fill in this information to identify your case:

Debtor Elvia Lizett Herrera
First Name Middle Name Last Name

Debtor 2
(Spouse If filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
(If known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

2.2

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

2.3

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

2.4

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

2.5

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Debtor 1

Elvia Lizett Herrera

First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease

What the contract or lease is for

22

Name

Number Street

City State ZIP Code

2

Name

Number Street

City State ZIP Code

2

Name

Number Street

City State ZIP Code

2

Name

Number Street

City State ZIP Code

2

Name

Number Street

City State ZIP Code

2

Name

Number Street

City State ZIP Code

2

Name

Number Street

City State ZIP Code

2

Name

Number Street

City State ZIP Code

Fill in this information to identify your case:

Debtor 1 Elvia Lizett Herrera
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
(If known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☒ No

☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 Antelmo Quintero, JR
Name
4223 S. Rockwell
Number Street
Chicago IL 60632
City State ZIP Code

☒ Schedule D, line 2.3
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2 Antelmo Quintero, JR
Name
4223 S. Rockwell
Number Street
Chicago IL 60632
City State ZIP Code

☒ Schedule D, line 2.2
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.3
Name
Number Street
City State ZIP Code

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Debtor 1

Elvia Lizett Herrera

First Name Middle Name Last Name

Case number (if known)

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

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page 1

Debtor 1

Elvia Lizett Herrera

First Name Middle Name Last Name

Case number (if known)

Copy line 4 here. → 4. For Debtor 1 \$ 0.00 For Debtor 2 or non-filing spouse \$ 3,439.77

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions	5a.	\$		\$	471.08
5b. Mandatory contributions for retirement plans	5b.	\$		\$	0.00
5c. Voluntary contributions for retirement plans	5c.	\$		\$	171.99
5d. Required repayments of retirement fund loans	5d.	\$		\$	0.00
5e. Insurance	5e.	\$		\$	424.17
5f. Domestic support obligations	5f.	\$		\$	0.00
5g. Union dues	5g.	\$		\$	0.00
5h. Other deductions. Specify: _____	5h.	+\$		+\$	0.00

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$

7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 2,372.53

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 0.00 \$ 0.00

8b. Interest and dividends

8b. \$ 0.00 \$ 0.00

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 0.00 \$ 0.00

8d. Unemployment compensation

8d. \$ 0.00 \$ 0.00

8e. Social Security

8e. \$ 0.00 \$ 0.00

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____ 8f. \$ 0.00 \$ 0.00

8g. Pension or retirement income

8g. \$ 0.00 \$ 0.00

8h. Other monthly income. Specify: _____ 8h. +\$ 0.00 +\$ 0.00

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$ 0.00 \$ 0.00

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 0.00 + \$ 2,372.53 = \$ 2,372.53

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____ 11. + \$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12. \$ 2,372.53

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☒ No.

☐ Yes. Explain:

Fill in this information to identify your case:

Debtor 1 Elvia Lizett Herrera
First Name Middle Name Last Name
Debtor 2
(Spouse, if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: Northern District of Illinois
Case number
(if known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
☐ Yes. Does Debtor 2 live in a separate household?
☐ No
☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.
Do not state the dependents' names.

- ☐ No
☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

8

- ☐ No
☒ Yes

- ☐ No
☐ Yes

- ☐ No
☐ Yes

- ☐ No
☐ Yes

- ☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 750.00

If not included in line 4:

- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

4a. \$ 0.00
4b. \$ 0.00
4c. \$ 0.00
4d. \$ 0.00

Debtor 1 **Elvia Lizett Herrera**
 First Name Middle Name Last Name

Case number (if known) _____

Your expenses

- | | |
|--|-----------------------|
| 5. Additional mortgage payments for your residence , such as home equity loans | 5. \$ <u>0.00</u> |
| 6. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. \$ <u>300.00</u> |
| 6b. Water, sewer, garbage collection | 6b. \$ <u>0.00</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>330.00</u> |
| 6d. Other. Specify: <u>Debt Repayment- Non-Filing Spouse</u> | 6d. \$ <u>776.67</u> |
| 7. Food and housekeeping supplies | 7. \$ <u>675.00</u> |
| 8. Childcare and children's education costs | 8. \$ <u>100.00</u> |
| 9. Clothing, laundry, and dry cleaning | 9. \$ <u>100.00</u> |
| 10. Personal care products and services | 10. \$ <u>60.00</u> |
| 11. Medical and dental expenses | 11. \$ <u>100.00</u> |
| 12. Transportation. Include gas, maintenance, bus or train fare.
Do not include car payments. | 12. \$ <u>400.00</u> |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ <u>150.00</u> |
| 14. Charitable contributions and religious donations | 14. \$ <u>20.00</u> |
| 15. Insurance.
Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance | 15a. \$ <u>0.00</u> |
| 15b. Health insurance | 15b. \$ <u>0.00</u> |
| 15c. Vehicle insurance | 15c. \$ <u>77.00</u> |
| 15d. Other insurance. Specify: _____ | 15d. \$ <u>0.00</u> |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: _____ | 16. \$ <u>0.00</u> |
| 17. Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 | 17a. \$ <u>0.00</u> |
| 17b. Car payments for Vehicle 2 | 17b. \$ <u>0.00</u> |
| 17c. Other. Specify: <u>Finance and Pet Insurance- Non-Filing Spouse</u> | 17c. \$ <u>188.00</u> |
| 17d. Other. Specify: <u>Students loans -Debtor and Non-Filing Spouse</u> | 17d. \$ <u>286.00</u> |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ <u>0.00</u> |
| 19. Other payments you make to support others who do not live with you.
Specify: _____ | 19. \$ <u>0.00</u> |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. Mortgages on other property | 20a. \$ <u>0.00</u> |
| 20b. Real estate taxes | 20b. \$ <u>0.00</u> |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ <u>0.00</u> |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ <u>0.00</u> |
| 20e. Homeowner's association or condominium dues | 20e. \$ <u>0.00</u> |

Debtor 1

Elvia Lizett Herrera

First Name

Middle Name

Last Name

Case number (if known)

21. Other. Specify: Emergency/Unanticipated Expenses

21. +\$ 150.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 4,462.67

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 4,462.67

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 2,372.53

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 4,462.67

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ -2,090.14

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

Fill in this information to identify your case:

Debtor 1 Elvia Lizett Herrera
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
(If known) _____

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

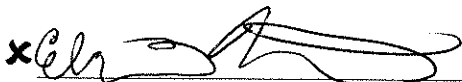
Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☐ No

☒ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x 
Signature of Debtor 1

x _____
Signature of Debtor 2

Date 10/07/2016
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Elvia Lizett Herrera
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<u>3542 S. Francisco</u> Number Street	From <u>11/01/2014</u> To <u>05/01/2015</u>	<input type="checkbox"/> Same as Debtor 1 Number Street	<input type="checkbox"/> Same as Debtor 1 From _____ To _____
<u>Chicago</u> <u>IL</u> <u>60632</u> City State ZIP Code		<input type="checkbox"/> Same as Debtor 1 City State ZIP Code	<input type="checkbox"/> Same as Debtor 1 City State ZIP Code
Number Street	From _____ To _____	Number Street	From _____ To _____
City State ZIP Code		City State ZIP Code	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 **Elvia Lizett Herrera**
 First Name Middle Name Last Name

Case number (if known) _____

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 4,810.32
For last calendar year: (January 1 to December 31, 2015) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 40,623.46
For the calendar year before that: (January 1 to December 31, 2014) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 42,762.60

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Unemployment	\$ 8,893.00
	Compensation	\$
		\$
For last calendar year: (January 1 to December 31, 2015) YYYY		\$
		\$
		\$
For the calendar year before that: (January 1 to December 31, 2014) YYYY		\$
		\$
		\$

Debtor 1

Elvia Lizett Herrera

First Name

Middle Name

Last Name

Case number (if known)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
City State ZIP Code				<input type="checkbox"/> Other
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
City State ZIP Code				<input type="checkbox"/> Other
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
City State ZIP Code				<input type="checkbox"/> Other

Debtor 1 **Elvia Lizett Herrera**
First Name Middle Name Last Name

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☐ No
☐ Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
_____ Number Street _____ City State ZIP Code	_____	\$ _____	\$ _____	_____
_____ Number Street _____ City State ZIP Code	_____	\$ _____	\$ _____	_____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
_____ Number Street _____ City State ZIP Code	_____	\$ _____	\$ _____	_____
_____ Number Street _____ City State ZIP Code	_____	\$ _____	\$ _____	_____

Debtor 1

Elvia Lizett Herrera

First Name Middle Name Last Name

Case number (if known)

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Civil		
Case title <u>Barclays Bank Delaware</u>	<u>Cook County Circuit Court</u>	<input type="checkbox"/> Pending
<u>v. Herrera Elvia</u>	Court Name	<input type="checkbox"/> On appeal
	<u>50 W. Washington, Room 702</u>	<input checked="" type="checkbox"/> Concluded
	Number Street	
Case number	<u>Chicago</u> <u>IL</u> <u>60602</u>	
	City State ZIP Code	
Case title	Court Name	<input type="checkbox"/> Pending
		<input type="checkbox"/> On appeal
	Number Street	<input type="checkbox"/> Concluded
Case number	City State ZIP Code	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name		\$
Number Street		
City State ZIP Code		
Explain what happened		
<input type="checkbox"/> Property was repossessed.		
<input type="checkbox"/> Property was foreclosed.		
<input type="checkbox"/> Property was garnished.		
<input type="checkbox"/> Property was attached, seized, or levied.		
Describe the property	Date	Value of the property
Creditor's Name		\$
Number Street		
City State ZIP Code		
Explain what happened		
<input type="checkbox"/> Property was repossessed.		
<input type="checkbox"/> Property was foreclosed.		
<input type="checkbox"/> Property was garnished.		
<input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 **Elvia Lizett Herrera**
 First Name Middle Name Last Name

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount
Creditor's Name _____			
Number _____ Street _____			\$ 0.00
City _____ State _____ ZIP Code _____			
Last 4 digits of account number: XXXX-- _____			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____			\$ _____
Number _____ Street _____			\$ _____
City _____ State _____ ZIP Code _____			
Person's relationship to you _____			

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____			\$ _____
Number _____ Street _____			\$ _____
City _____ State _____ ZIP Code _____			
Person's relationship to you _____			

Debtor 1 **Elvia Lizett Herrera**
First Name Middle Name Last Name

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____		_____	\$ _____
_____		_____	\$ _____
Number _____ Street _____			
City _____ State _____ ZIP Code _____			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☐ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss <small>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.</small>	Date of your loss	Value of property lost
		_____	\$ _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☒ No
☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____		
Number _____ Street _____	_____	\$ _____
_____	_____	\$ _____
City _____ State _____ ZIP Code _____		
Email or website address _____		
Person Who Made the Payment, if Not You _____		

Debtor 1 **Elvia Lizett Herrera**
 First Name Middle Name Last Name

Case number (if known) _____

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		\$ _____
Number Street		\$ _____
City State ZIP Code		
Email or website address		
Person Who Made the Payment, if Not You		

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
 Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		\$ _____
Number Street		\$ _____
City State ZIP Code		

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
 Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
☒ Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
National Towing Service		
Person Who Received Transfer		
1628 S. Clinton	2002 Pontiac Bonneville	\$100.00
Number Street	SSEi	07/25/2016
Chicago IL	100,000 Mileage	
City State ZIP Code	Vehicle not in working condition	
	Sold to Junkyard	
Person's relationship to you n/a		
Person Who Received Transfer		
Number Street		
City State ZIP Code		
Person's relationship to you		

Debtor 1 **Elvia Lizett Herrera**
 First Name Middle Name Last Name

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____	_____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Number _____ Street _____ City _____ State _____ ZIP Code _____	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
Name of Financial Institution _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 **Elvia Lizett Herrera**
First Name Middle Name Last Name

Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

Name of Storage Facility		Who else has or had access to it?	Describe the contents	Do you still have it?
_____		_____	_____	<input type="checkbox"/> No
_____		_____	_____	<input type="checkbox"/> Yes
Number	Street	Number	Street	
_____	_____	_____	_____	
City State ZIP Code		City State ZIP Code		
_____	_____	_____		

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

Owner's Name	Where is the property?	Describe the property	Value
_____	_____	_____	\$ _____
Number	Number	Number	
Street	Street	Street	
_____	_____	_____	
City	City	City	
State	State	State	
ZIP Code	ZIP Code	ZIP Code	

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ⌘ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ⌘ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ⌘ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

Name of site	Governmental unit	Environmental law, if you know it	Date of notice
_____	_____	_____	_____
Number	Number	Number	
Street	Street	Street	
_____	_____	_____	
City	City	City	
State	State	State	
ZIP Code	ZIP Code	ZIP Code	

Debtor 1 **Elvia Lizett Herrera**
First Name Middle Name Last Name

Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case title	Court or agency	Nature of the case	Status of the case
	Court Name		<input type="checkbox"/> Pending
	Number Street		<input type="checkbox"/> On appeal
Case number	City State ZIP Code		<input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business.

Describe the nature of the business		Employer Identification number
		Do not include Social Security number or ITIN.
Business Name		EIN: _____
Number Street		Dates business existed
	Name of accountant or bookkeeper	From _____ To _____
City State ZIP Code		
Business Name	Describe the nature of the business	Employer Identification number
		Do not include Social Security number or ITIN.
Number Street		EIN: _____
	Name of accountant or bookkeeper	Dates business existed
City State ZIP Code		From _____ To _____

Debtor 1

Elvia Lizett Herrera

First Name Middle Name Last Name

Case number (if known)

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Business Name

EIN: _____

Number Street

Name of accountant or bookkeeper

Dates business existed

City State ZIP Code

From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City State ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x 

Signature of Debtor 1

x _____

Signature of Debtor 2

Date 10/06/2016

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Elvia Lizett Herrera
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
(If known) _____

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <u>The Inn At Glacier Canyon</u> Description of property securing debt: _____	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: <u>Wyndham Vacation</u> Description of property securing debt: <u>Timeshare 195,000 Points per Year 50% Partial Interest with Non-Filing Spouse</u>	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: <u>Wyndham Vacation</u> Description of property securing debt: <u>Wyndham Myrtle Beach Resort Timeshare 105,000 Points Per Year 50% Partial Interest with Non-Filing Spouse</u>	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: <u>Wyndham Vacation Resorts</u> Description of property securing debt: _____	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1

Elvia Lizett Herrera

First Name

Middle Name

Last Name

Case number (If known)

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

☐ No

Description of leased property:

☒ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

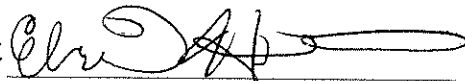
☐ No

Description of leased property:

☐ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

x 

Signature of Debtor 1

x

Signature of Debtor 2

Date 10/06/2016

MM / DD / YYYY

Date

MM / DD / YYYY

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

In Re:)
Elvia Lizett Herrera)
)
Debtor (s)) Case No.
)
) Chapter 7
)
)

List of Creditors

Bank of America ATTN: Correspondence Unit PO Box 5170 Simi Valley, CA 93062	Barclays Bank PLC PO Box 8803 Wilmington, DE 19899
Bank of America ATTN: Correspondence Unit PO Box 5170 Simi Valley, CA 93062	Barclays Bank PLC PO Box 8803 Wilmington, DE 19899
Bank of America ATTN: Correspondence Unit PO Box 5170 Simi Valley, CA 93062	Barclays Bank PLC PO Box 8803 Wilmington, DE 19899
Bank of America ATTN: Correspondence Unit PO Box 5170 Simi Valley, CA 93062	Barclays Bank PLC PO Box 8803 Wilmington, DE 19899
Bank of America ATTN: Correspondence Unit PO Box 5170 Simi Valley, CA 93062	Barclays Bank PLC PO Box 8803 Wilmington, DE 19899

Ally
P.O. Box 380901
Minneapolis, MN 55438

Ally Financial
Attn: Bankruptcy
Po Box 130424
Roseville, MN 55113

Ally Financial
200 Renaissance Center
Detroit, MI 48243

Ally Financial
PO Box 9001951
Louisville, KY 40290-1951

Ally Financial
PO Box 8123
Cockeysville, MD 21030

ARS National Services Inc
PO Box 469046
Escondido, CA 92046

ARS National Services, Inc.
201 West Grand Avenue
Escondido, CA 92046

ARS National Services, Inc.
PO Box 463023
Escondido, CA 92046

Bank of America
P.O. Box 982236
El Paso, TX 79998

Bank of America
Attn: Correspondence Unit
Po Box 5170
Simi Valley, CA 93062

Bank of America
PO Box 15290
Wilmington, DE 19850

Bank Of America, N.A. *
401 N. Tryon Street
NC1-021-02-20
Charlotte, NC 28255

Barclay Bank
P.O Box 13337
Philadelphia, PA 19101

Barclays Bank Delaware
Attn: Bankruptcy
P.O. Box 8801
Wilmington, DE 19899

BarClays Bank PLC
PO Box 8803
Wilmington, DE 19899

Blatt Hasenmiller F L
125 S. Wacker Drive #400
Chicago, IL 60606

Blatt, Hasenmiller, Leibsker and Moore,
10 South LaSalle Street
Suite 2200
Chicago, IL 60603

Capital One, N.A. *
c/o American Infosource
P.O Box 54529
Oklahoma City, OK 73154

Capital One, N.A. *
Po Box 30285
Salt Lake City, UT 84130

Capital One, N.A.*
1680 Capital One Drive
Mc Lean, VA 22102

CEP America
2100 Powell Street, Suite 920
Emeryville, CA 94608

Chase *
ATTN: Bankruptcy Department
P.O. Box 15298
Wilmington, DE 19850

Chase *
3415 Vision Drive
Mail Code OH4-7142
Columbus, OH 43219

Chase Card Services
Attn: Bankruptcy
Po Box 15298
Wilmington, DE 19850

Citi
CitiCorp Credit Services/Attn:Centralize
Po Box 790040
saint Louis, MO 63179

Citicorp Credit Services *
ATTN: Internal Recovery; Centralized Bk
P.O. Box 790034
Saint Louis, MO 63179-0034

Cmre Financial Services Inc
3075 E Imperial Hwy Ste 200
Brea, CA 92821

CMRE Financial Services, Inc
3075 E. Imperial Highway, Suite 200
Brea, CA 92821

Comenity
Po Box 182273
Columbus, OH 43218

Comenity Bank
PO Box 182789
Columbus, OH 43218

Comenity Bank
220 W. Schrock Road
Westerville, OH 43081

Comenity Bank/Value City Furniture
Po Box 182125
Columbus, OH 43218

Commonwealth Financial Systems
245 Main Street
Dickson City, PA 18519

Equifax Information Services, LLC
1550 Peachtree Street NW
Atlanta, GA 30309

Experian Information Solutions, Inc.
475 Anton Boulevard
Costa Mesa, CA 92626

First Source Advantage
PO Box 628
Buffalo, NY 14240

First Sources Advantage, LLC
205 Bryant Woods South
Amherst, NY 14228

FMA Alliance Ltd
12339 Cutten Road
Houston, TX 77066

FMA Alliance, Ltd.
PO Box 2409
Houston, TX 77252

Gordmans
Citicorp Cr Services/Attn:Centralized Ba
Po Box 20507
Kansas City, MO 64195

Gordmans
PO Box 182118
Columbus, OH 43218

Gordmans
c/o Comenity
PO BOX 659705
San Antonio, TX 78265

JPMorgan Chase*
270 Park Avenue
New York, NY 10017

Loyola University Medical Center
2160 South First Avenue
Maywood, IL 60153

Loyola University Medical Center
PO Box 4866
Oak Brook, IL 60522

Loyola University Medical Center
Patient Financial Services
2160 South First Avenue
Maywood, IL 60153

MacNeal Health Network
2384 Paysphere Circle
Chicago, IL 60674

Macneal Hospital
3249 S Oak Park Avenue
Berwyn, IL 60402

MacNeal Physicians Group LLC
2315 Enterprise Drive, Suite 110
Southwest Entrance
Westchester, IL 60154

MacNeal Physicians Group LLC
6642 Paysphere Circle
Chicago, IL 60674

Macy's
Po Box 183083
Columbus, OH 43218

Macy's Inc.
9111 Duke Boulevard
Mason, OH 45040

Macys
Macys Bankruptcy Department
Po Box 8053
Mason, OH 45040

Metropolitan Advanced Radiological
Services Ltd
1362 Paysphere Circle
Chicago, IL 60674

Metropolitan Advanced Radiological
3249 Oak Park Avenue
Berwyn, IL 60402

Midland Credit Management, Inc.
8875 Aero Drive Suite 200
San Diego, CA 92123

Midland Funding
2365 Northside Dri
San Diego, CA 92108

Midland Funding
8875 Aero Drive, Suite 200
San Diego, CA 92123

MRS Associates of New Jersey
1930 Olney Avenue
Cherry Hill, NJ 08003

MRS BPO, LLC
1930 Olney Avenue
Cherry Hill, NJ 08003

Nationwide Credit Corporation
5503 Cherokee Avenue
Alexandria, VA 22312

Nationwide Credit, Inc.
PO Box 26314
Lehigh Valley, PA 18002

Professional Recovery Services
PO Box 1880
Voorhees, NJ 08043

Saint Anthony Hospital
2875 W. 19th Street
Chicago, IL 60623

Saint Anthony Hospital
PO Box 809109
Chicago, IL 60680

Stanislaus Credit Control
Po Box 480
Modesto, CA 95353

Stanislaus Credit Control Service, Inc.
914 14th Street
PO Box 480
Modesto, CA 95354

Stanislaus Credit Control Service, Inc.
914 14th Street
Modesto, CA 95354

Synchrony Bank
PO Box 530916
Atlanta, GA 30353

Synchrony Bank
c/o Recovery Management Systems Corp
25 SE 2nd Avenue, Suite 1120
Miami, FL 33131

Synchrony Bank/Amazon
Attn: Bankruptcy
Po Box 103104
Roswell, GA 30076

Synchrony Bank/Walmart
Attn: Bankruptcy
Po Box 103104
Roswell, GA 30076

Target
1000 Nicollet Mall
Minneapolis, MN 55403

Target Credit Card (TC)
C/O Financial & Retail Services
Mailstop BT P.O. Box 9475
Minneapolis, MN 55440

Target Credit Card (TC)
P.O. Box 9475
Minneapolis, MN 55440

Target Red Card
PO Box 660170
Dallas, TX 75266

The Inn At Glacier Canyon
Vacation Owners Association
PO Box 574
Lake Delton, WI 53940

Trans Union LLC
1561 E. Orangethorpe Avenue
Fullerton, CA 92831

Walmart
Asset Protection Recovery
PO Box 101928, Dept 4295
Birmingham, AL 35210

Walmart Stores Inc
702 SW 8th Street
6487
Bentonville, AR 72716

Wyndham Financial
Baymont Franchise Systems, Inc
14227 Collections Center Drive
Chicago, IL 60693

Wyndham Mortgage
Po box 340090
Boston, MA 02241

Wyndham Vacation
10750 W. Charleston Boulevard
Las Vegas, NV 89135

Wyndham Vacation
10750 W. Charleston Blvd
Las Vegas, NV 89135

Wyndham Vacation Ownership, Inc.
6277 Sea Harbor Drive
Orlando, FL 32821

Wyndham Vacation Resorts
Financial Services
PO Box 98940
Las Vegas, NV 89193-8940